

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582718

FILING DATE

11 FEB 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
4	/	/				
5	/	2				
6	/	/				
7	/	/				
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10	/	/				
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12	/	6				
13	/	2				
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TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	18	←		←		←
TOTAL CLAIMS	24					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						